



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCCS

OTSG/MEDCOM Policy Memo 06-023

Expires 22 September 2008

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: The Adult Pneumovax[®] Immunization Strategy

1. Reference: Centers for Disease Control (CDC) Immunization Guidelines.
2. Purpose: To provide strategy for the adoption and implementation of an adult Pneumovax[®] immunization strategy to improve healthcare maintenance.
3. Proponent: The proponent for this policy is the Assistant Chief of Staff for Health Policy and Services.
4. Policy:

a. The vision of the Army Medical Department (AMEDD) is to provide world-class evidence-based healthcare. This will be accomplished by leveraging Armed Forces Health Longitudinal Technology Application (AHLTA) and central databases to improve healthcare maintenance for beneficiaries. Maximizing adult pneumococcal pneumonia prevention by increasing the Pneumovax[®] immunization rates will be our initial focus.

(1) Pneumococcal disease is the sixth leading cause of death in the US.

(2) Pneumovax[®] is the most cost effective preventive intervention currently available. This campaign has the potential to save \$500.00 per vaccine given.

(3) The Healthy People 2010 goal is to vaccinate at least 90% of individuals age 65 and older. Current M2 data show that only 24% of enrolled Army beneficiaries over age 65 are immunized and 14% of all over age 65 beneficiaries are immunized.

b. The goals of this policy:

(1) To increase the percentage of beneficiaries age 65 and older with one documented Pneumovax[®] vaccine in AHLTA after age 65. By Jan 07, 45% of all patients age 65 and older should have at least one Pneumovax^R immunization documented in AHLTA; by Jun 07, an increase to 65%; and by Jan 08, to 95%.

(2) To decrease hospitalization rates for pneumonia as measured by the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicator (PQI) measures. The numerator is inpatient admissions for pneumonia; the denominator is all patients age

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65 and older utilizing military treatment facilities (MTFs). Current incident rate is 1,004 per 100,000; goal incident rate by Jan 08 is 500 per 100,000.

(3) To increase the percentage of eligible hospitalized patients who have current Pneumovax[®] in AHLTA at the time of discharge. Current AMEDD percentage is 22.4% with an MTF goal of 95%.

5. Responsibilities: MTF Commanders will ensure dissemination of and compliance with this policy. Additionally, they will ensure privileged MTF providers and TRICARE providers in their markets are aware of our goals.

6. Procedures:

a. Standing Orders. As appropriate, outpatient clinics, inpatient wards, and emergency departments should establish standing orders to facilitate Pneumovax[®] screening, administration, and documentation at every outpatient visit, during hospitalization, and before hospital discharge. This eliminates the need for individual provider orders and allows the medical team to work together to provide healthcare maintenance. Standing orders are one of the most effective means for increasing vaccination rates. During hospitalization, reconciliation of the patient's immunizations (along with past medical history and medications) in AHLTA is essential. The AHLTA Immunization Module should be used for documentation. Standing orders may also be used to screen, administer, and document Pneumovax[®] immunization status at the time of annual influenza vaccination.

(1) A sample standing order/screening form may be obtained at:
<http://www.mass.gov/dph/cdc/mso/ppv23.pdf>.

(2) A sample algorithm for Pneumovax[®] screening is provided (Appendix A).

b. Computerized Record Reminders. One study documented an increase in immunization from 29% to 86% with the use of computerized patient reminders.

(1) MTFs should use the "wellness reminder" capabilities for Pneumovax[®] in AHLTA. Directions for use of these features are provided in Appendix B.

(2) MTFs using Essentris[®]/CIS as their inpatient Electronic Medical Record (EMR) may use tools such as an "Assess Pneumococcal Immunization Protocol" template (this can be provided by your vendor). Initial assessment forms and multidisciplinary discharge templates may also be modified to prompt screening, administration and/or documentation. The use of Essentris[®] for documentation still necessitates documentation in AHLTA Immunization Module to be part of the patient's longitudinal record and for data mining.

c. Staff Education. A free Pneumovax[®] training module which provides 2 hours of CE/CME credits is available at: <https://www.projectimmunereadiness.amedd.army.mil/>.

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d. Performance Feedback. Previous studies have demonstrated an improvement of 16-32% in clinics where overall success rates and targets were displayed for the staff.

e. Patient Education:

(1) A Pneumococcal Vaccination Communications Plan (Appendix C) provides Talking Points for local MTF Public Affairs Officers to use with local media. Appendix D is a proposed pneumonia vaccine News Release.

(2) MTFs with a Pharmacy Audiocare[®] system can use this system to contact beneficiaries over age 65.

(3) Handouts may be distributed at pharmacies, clinics, and health fairs. Please distribute handouts provided by OTSG. CDC handouts for the PPV23 pneumococcal vaccine may be obtained at: <http://www.cdc.gov/nip/publications/VIS/default.htm#ppv23>.

7. Documentation/Coding. AHLTA will be the sole source utilized for documentation of the pneumococcal vaccine. Acceptable CPT/HCPCS/ICD-9 codes include 90669, 90732, G0009, V03.82, V06.6 and S0195. Patients with a known allergy to the vaccination can have appropriate information entered into the AHLTA Immunization module. Patients who have received the immunization from an outside source or who refuse the vaccination after appropriate education by staff can have this status entered into the AHLTA wellness reminders and immunization module. These data will be reviewed as part of the determination of immunization compliance.

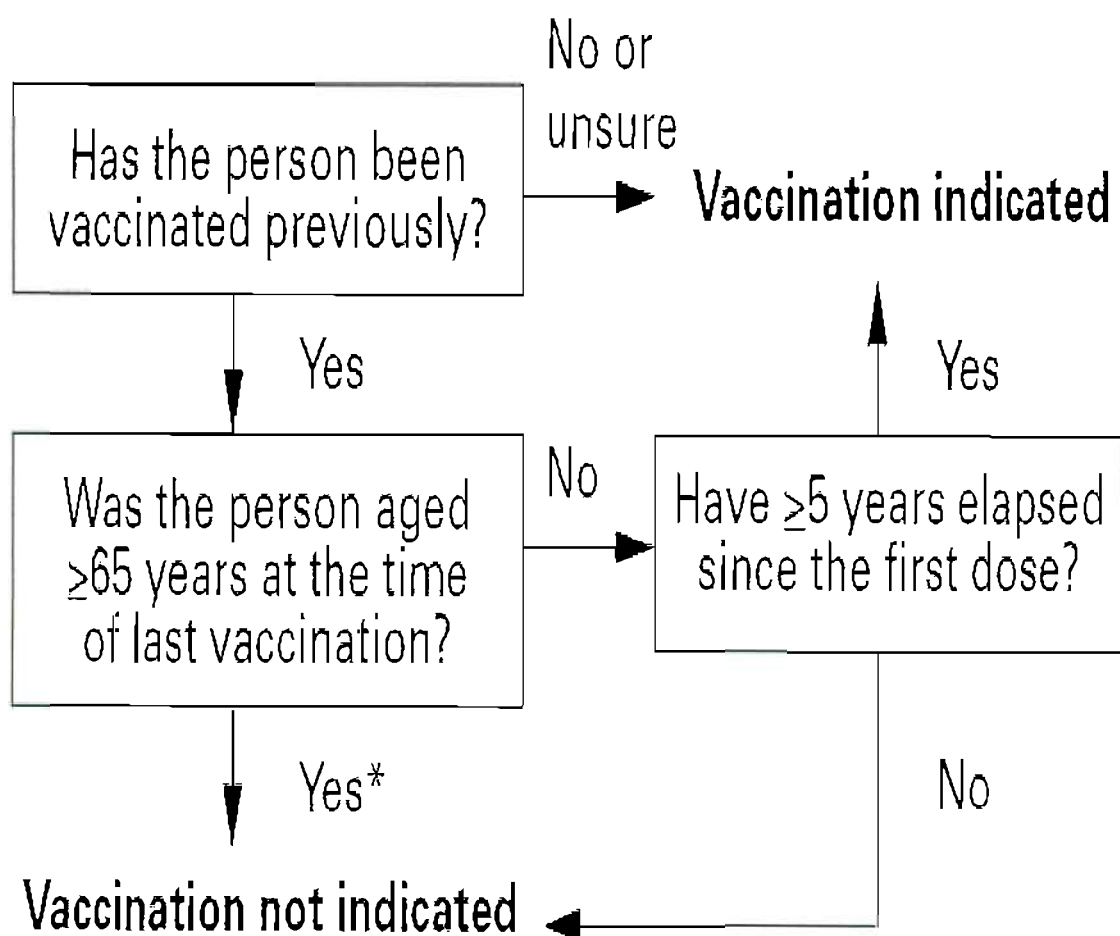
8. Financial considerations:

a. MTFs will be reimbursed for the additional costs of expanding their pneumococcal immunization program and rewards will be given for excellent performance.

b. Current Pneumovax[®] immunization rates, by MTF, are shown in Appendix E.

5 Encls


KEVIN C. KILEY
Lieutenant General, MC
Commanding

FIGURE 1. Algorithm for vaccinating persons aged ≥ 65 years

*Note: For any person who has received a dose of pneumococcal vaccine at age ≥ 65 years, revaccination is not indicated.

Appendix B

Screening for and Updating Adult Pneumococcal Vaccine Status (15 Aug 2006 v1)

The adult pneumococcal vaccine is highly effective and is recommended to be given at least once after age 65 years of age to all individuals who do not have a contraindication. If the first vaccination is given before the age of 65, a second vaccination should be given the 65th birthday BUT no sooner than five (years) after the initial vaccination.

The following are the simple steps to check for and update a patient's status in AHLTA. Entering the data in AHLTA will make it visible to all, improve patient care, and help meet HEDIS requirements.

1. Identify during screening if the patient is over age 65.
2. If over age 65, open the immunization module to see if vaccination is current.
 - a. If the patient does not remember being vaccinated and a vaccination is not documented, the patient should be vaccinated.
 - b. If the patient remembers being vaccinated and it is not in AHLTA, the patient's vaccination status should be updated.
 - c. If current, no action needed.
 - d. Notes:
 - i. The patient's status can also be checked using the reminders section in the A/P module.
 - ii. If a vaccination is given, it should be documented as a procedure in the A/P section for coding, billing, etc.

Graphic steps

1. Identify if patient is 65 years old or older.

1. Screener Checks to see if patient is 65 or older.

2. If over age 65 years, the immunization status can be checked and updated by selecting the immunization module (or by checking in the Reminders Tab of the A/P Module).

67yo F FM: Date: 07 Sep 2006 0716 EDT Status: Checked-In Treatment Facility: [REDACTED] Clinic: FAMILY PRACTICE EAMC

Primary Provider: MOODY, RON L Type: ACUTS Patient Status: Outpatient Reason for Appointment: meda Appointment Comments:

AutoCites Refreshed by MOODY, RON L on 15 Sep 2006 1226 EDT

Problems:

- PROSTATE HORMONES for postmenopausal osteoporosis
- joint pain, localized
- joint pain, localized in the knee
- PATELLAR CHONDROMALACIA
- WARTS VERUCA
- ACTINIC KERATOSIS
- HERPES ZOSTER (SHINGLES)
- allergy to pollen
- ESOPHAGEAL REFLUX
- ESSENTIAL HYPERTENSION
- Vaccines Prophylactic Need Against:
- Influenza
- PERIORAL DERMATITIS
- wait for screening exam cardiovascular disorders

Allergies:

- No Known Allergies

Immunizations

PKC Couplers

Readiness

Patient Questionnaires

Army Readiness

Lab

Radiology

Clinical Notes

Previous Encounters

Flowcharts

Current Encounter

Screening

Vital Signs Entry

S/O

If over 65, open immunization module to either

1. Document that Vaccine given today
2. Hx of vaccine

3. Vaccine history can be updated for previous immunizations or immunizations received during network/civilian healthcare.

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If previous vaccine, click here to add.

Individual Immunizations Vaccine History

Immunization	Score	Date Given	Next Due
Influenza	1	24 Nov 2003	24 Nov 2004
MMR	1	12 Jul 2006	Pos 1st
Pneumococcal	1	24 Nov 2003	24 Nov 2009
Td	1	16 Aug 2001	16 Aug 2006
Varicella	1	16 Aug 2001	16 Aug 2006

Vaccination Groups

Adult

Vaccine Current - no Action

4. Vaccine history can be edited or deleted. Other reminders may also need to be addressed to help improve the patient's health.

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Immunizations

PKC Couplers

Readiness

Patient Questionnaires

Never miss a chance to update other prevention

Click here to add, edit, delete items in history

Vaccines

- Anthrax
- DTaP
- Hep A (Adult)
- Hep B - Adult
- Influenza
- IPPD
- MMR
- Td
- Yellow Fever

List All Immunizations

Edit List Select Cancel

Add Edit Delete

View from Reminders Tab in AP.

Select	Modify	Reminder	Ordered	Due	Default Order/Dc	Patient Counseling: V65.4
<input type="checkbox"/>	<input type="checkbox"/>	Wellness				
<input type="checkbox"/>	<input type="checkbox"/>	Urine Cx			Document Urine Cx	
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations				
<input type="checkbox"/>	<input type="checkbox"/>	MMR		6/29/2004	DOCUMENT ORDERED	Patient Counseling: V65.4
<input type="checkbox"/>	<input type="checkbox"/>	Polio		6/29/2004	DOCUMENT ORDERED	Patient Counseling: V65.4
<input type="checkbox"/>	<input type="checkbox"/>	Td		6/29/2004	DOCUMENT ORDERED	Patient Counseling: V65.4

Documentation of Immunizations and Patient Flow

1. Perform preliminary documentation as guided by the Immunization AIM form or by personal template.
2. For Immunizations and PPD's referred by Provider, complete the following:
 - A. Open the Immunizations module and document immunizations to be given and other information as directed in this portion of AHLTA (updating the vaccine history when possible).
 - B. Ensure that patient's personal record is updated and that the VIS (vaccine information sheets) are provided for needed vaccines.
 - C. Open A/P. (Note: This step is currently needed to get workload credit (RVUs) for immunizations. This is being corrected in build AHLTA Built 843 so that the dual entry can stop.)
 - 1) Under the Diagnosis tab, assign an ICD-9 code for each vaccine needed, if not done by the referring Provider.
 - 2) Under the Procedure tab, assign the CPT code for each vaccine given. This should be associated to the corresponding ICD-9 code.
 - 3) To document that you completed the procedure, click the procedure from the top box and add your name to the encounter and place a checkbox next to the procedure you completed.
 - a. A Word document can be pre-populated with "canned text" enabling the documentation of the five "nursing rights" of drug administration including the vaccine manufacturer and the expiration date of the dose. This can also be done using a free text template from the S/O module.
 - 4) Add the administration code for the vaccine from the Procedure tab.
 - a. 90471 – The first immunization or a single immunization.
 - b. 90472 – Used for each additional immunization. If giving more than one additional vaccine, select the procedure and change the units of service in the pop up box for all remaining vaccines.

3. If placing a PPD test, be sure to document in the comment box of the disposition, that the patient was instructed to return in 2-3 days.
4. Ensure the providers in the clinic do not sign the encounter before the nurse completes the immunization documentation. If they do sign the note, you will APPEND the encounter and the provider will have to sign the note again.

Appendix C

ADULT PNEUMOCOCCAL VACCINATION COMMUNICATIONS PLAN

(Information sources include the CDC, VA, the AMEDD Pneumovax Strategy Briefing and the Institute for the Future of Aging Services)

ISSUE: To communicate accurate talking points and messages about the new adult pneumococcal immunization policy for providing a cost-effective strategy of reducing pneumococcal disease in the older adult population (65 years of age or older) through immunization. The vaccine is known as the pneumococcal shot – also known as the pneumonia vaccine, Pneumovax®, or Pneumococcal Polysaccharide Vaccine (PPV).

BACKGROUND & ENVIRONMENT:

- Pneumococcal disease can kill you. It is the 6th leading cause of death in U.S. (40,000 deaths annually, 100-130,000 hospitalizations annually in U.S.).
- Pneumococcal disease is an infection that can affect your lungs, blood and brain.
- Pneumococcal disease usually causes fever, cough and shortness of breath.
- Pneumococcal disease can cause dangerous health problems, hospitalization or death.
- Pneumococcal disease can affect people of all ages, but older adults (65 and over) are at higher risk for complications from both the flu and pneumococcal disease.
- Pneumococcal shot can help protect you from getting a serious infection in your lungs, blood and brain.
- Most people only need ONE shot. This protects them for a lifetime. Some people might need to get a booster shot after 5 years, including older adults (65 and over) that received their vaccination prior to turning 65.
- You can get the pneumococcal shot any time of the year.
- The shot is free to enrolled Army beneficiaries 65 years and older visiting a MTF. Medicare Part B will pay for the shot for other eligible enrollees visiting civilian clinics.
- The shot is safe and most people have no side effects.
- The current campaign has the potential to save \$500.00 per vaccine given.

DESIRED EFFECTS:

- Decrease all-cause mortality rate in population 65 and older.
- Reduction in the hospitalization rate for pneumonia.
- Increase the percentage of eligible hospitalized patients and beneficiaries 65 years and older with a current pneumococcal vaccination documented in AHLTA to 95% by January 2008.
- Healthy beneficiaries.
- Educate inpatients, pharmacy patients, and clinic patients.

OVERARCHING THEME: Getting vaccinated can prevent pneumococcal disease. The pneumococcal shot – **get it and forget it.**

TALKING POINTS:

- Our goal is to ensure that the beneficiaries 65 years or older know that they can take proactive measures to reduce the risk of infection by getting vaccinated.
- We encourage these beneficiaries to take both the pneumococcal and flu vaccine for maximum protection.
- Beneficiaries should not be concerned about costs, as all Army enrolled beneficiaries 65 years and older are eligible for free vaccination. Additionally, Medicare Part B will pay for the vaccine for other eligible beneficiaries that seek treatment outside of the MTFs.
- The pneumococcal vaccine is safe and most people have no side effects.
- Most people only need ONE shot. This protects them for a lifetime. Some people might need to get a booster shot after 5 years, including older adults (65 and over) that received their vaccination prior to turning 65.

TARGET POPULATION:

The Adult Pneumovax^R immunization strategy is targeted to enrolled Army beneficiaries that are 65 years of age or older. All beneficiaries that meet these criteria should be educated on the pneumococcal vaccine, immunized (if desired), and updated in AHLTA.

COMMUNICATION STRATEGY:

Use assets in place to convey the message to the internal audience (providers).

The way to communicate a pneumonia vaccine education program is get to the First Line Responders – the medical clerks who have hundreds of face-to-face encounters with beneficiaries day in and day out at MTFs. Place calendar poster reminders provided in locations frequented by physicians, nurses, and other medical staff to prompt inquisition about a patient's immunization history. Get them to market/educate to every person they come into contact with by handing out educational material.

Convey the message to the external audience (beneficiaries).

As soon as the vaccine is available, local MTF PAOs should work with local media to issue public service announcements; place articles in local installation and civilian newspapers, and provide SME to interview with local television stations. Information below in the 'What you should know' section can be converted to fact sheets of trifold with local contact information included. Also, distribute program brochures and other educational materials provided to beneficiaries in the facilities, pharmacies, and other points of contact.

Reinforce the message.

In turn, utilize wellness reminders for preventive vaccines in AHLTA or CHCS2 so providers reinforce the message after the clerk has given the beneficiary educational material. Place messages on voice mails while beneficiaries are on hold waiting to speak to a live person, i.e., appointment phone lines, pharmacy phone lines, etc.

Make it easy to get the vaccination.

Take the vaccine to the people. Make it convenient. Set up outside PX/BXs or commissaries or at the entrance to MTFs and vaccinate people on the spot. (We should do this for influenza vaccinations also.) Administer the pneumococcal vaccination concurrently with the influenza vaccine to take advantage of patient's presence at the MTF.

WHAT YOU NEED TO KNOW

QUESTIONS AND ANSWERS:

What does the pneumococcal shot do?

The pneumococcal shot – also known as the pneumonia vaccine or Pneumococcal Polysaccharide Vaccine or PPV - protects you from getting a serious infection in your blood or brain that can cause dangerous health problems, hospitalization or death.

Why get vaccinated?

Pneumococcal disease is a serious disease that causes a lot of sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

Pneumococcal Polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

Who should get the pneumococcal shot?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid

- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.

Will the shot make me sick?

The shot is very safe and does not make you sick. Some people get a little swelling and soreness where they get the shot. This usually goes away in a day or two.

What if there is a serious reaction? What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.org, or by calling 1-800-822-7967. *VAERS does not provide medical advice.*

When can I get the pneumococcal shot?

You can get the shot at any time of the year. It is available whenever you go to your doctor. Make sure you ask about it.

How many times do I have to get a shot?

Most people only need ONE shot. This protects them for a lifetime. Some people might need to get a booster shot after 5 years.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease

- have HIV infection or AIDS
- have cancer, leukemia, lymphoma, multiple myeloma
- have kidney failure
- have nephrotic syndrome
- have had an organ or bone marrow transplant
- are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

Other facts about getting the vaccine

- Pneumococcal vaccinations may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.

- **Pregnancy:** The safety of Pneumococcal vaccinations for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

What are the risks from getting the shot?

This shot is a very safe vaccine. About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit the National Immunization Program website at <http://www.cdc.gov/nip/default.htm>
- Department of Health And Human Services Centers for Disease Control and Prevention
National Immunization Program
- Go to <http://www.cdc.gov/nip/vaccine/pneumo/pneumo-pubs.htm#top> for more information about pneumonia vaccinations

Appendix D

News Release
US Army Medical Command
For Immediate Release
September 2006

Pneumonia vaccine saves lives

By Harry Noyes

"You know," St. Peter murmured thoughtfully, flipping through the computer printout on his clipboard for the third or fourth time and shaking his bearded head ruefully. "You actually aren't supposed to be here yet...you were supposed to get a pneumonia shot and live another 15 years...."

If there is anything that justifies a Homer-Simpsonesque outburst of remorse, it's dying from an easily preventable disease.

So, let's summarize this succinctly and memorably:
GET YOUR PNEUMONIA SHOT!

The Army Medical Department prefers more scholarly language, but it is launching a concerted effort to reduce the needless suffering, death and waste of medical resources that stems from widespread failure by older beneficiaries to get their pneumonia vaccinations.

Military medical facilities are being pressed to stay on their toes about offering the shots to all their older patient.

Also known as the pneumococcal shot or Pneumococcal Polysaccharide Vaccine or PPV, the pneumonia vaccine is safe and highly effective – provided it gets out of the bottle and inside somebody's hide.

To encourage that trip to happen more often, military medical leaders are stressing these facts:
— Pneumococcal disease can kill you. It is the sixth leading cause of death in the U.S. (40,000 deaths annually.

— It can make you miserably and expensively ill (100-130,000 hospitalizations annually in U.S.). It can affect your lungs, blood and brain. It usually causes fever, cough and shortness of breath.

— Pneumococcal disease can affect people of all ages, but older adults (65 and over) are at higher risk for complications from both the flu and pneumococcal disease. The shot can help protect you from getting a serious infection in your lungs, blood and brain.

— Getting the shot when you're age 65 or older should protect you for the rest of your life. You can get it any time of the year, and Medicare Part B will pay for it. The shot is safe and most people have no side effects. For maximum safety, medical officials also encourage beneficiaries to take flu vaccine annually.

For more information contact your local military treatment facility.

Sidebar

WHAT YOU NEED TO KNOW

What does the pneumococcal shot do?

The pneumococcal shot – also known as the pneumonia vaccine or Pneumococcal Polysaccharide Vaccine or PPV - protects you from getting a serious infection in your blood or brain that can cause dangerous health problems, hospitalization or death.

Why get vaccinated?

Pneumococcal disease is a serious disease that causes a lot of sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

Pneumococcal Polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

Who should get the pneumococcal shot?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS

- damaged spleen, or no spleen
- organ transplant

• Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:

- long-term steroids
- certain cancer drugs
- radiation therapy

• Alaskan Natives and certain Native American populations.

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The shot is very safe and does not make you sick. Some people get a little swelling and soreness where they get the shot. This usually goes away in a day or two.

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Most people only need ONE shot. This protects them for a lifetime. Some people might need to get a booster shot after 5 years.

• A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.

• A second dose is also recommended for people who:

- have a damaged spleen or no spleen
- have sickle-cell disease
- have HIV infection or AIDS
- have cancer, leukemia, lymphoma, multiple myeloma
- have kidney failure
- have nephrotic syndrome
- have had an organ or bone marrow transplant
- are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

Other facts about getting the vaccine

- Pneumococcal vaccinations may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.

- **Pregnancy:** The safety of Pneumococcal vaccinations for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

What are the risks from getting the shot?

This shot is a very safe vaccine. About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

- Call your local military treatment facility or state health department.

- Contact the Centers for Disease Control and Prevention (CDC):

- Call **1-800-232-4636 (1-800-CDC-INFO)** or

- Visit the National Immunization Program website at <http://www.cdc.gov/nip/default.htm>
Department of Health And Human Services Centers for Disease Control and Prevention
National Immunization Program

- Go to <http://www.cdc.gov/nip/vaccine/pneumo/pneumo-pubs.htm#top> for more information about pneumonia vaccinations

(Information sources include the CDC, VA, the AMEDD Pneumovax Strategy Briefing and the Institute for the Future of Aging Services)

Percent over 65 Enrollees Vaccinated



Enrollment Site Parent Name	Total enrolled	Total vaccinated	Percent vaccinated
IRWIN ACH-FT. RILEY	7		0.00%
WEED ACH-FT. IRWIN	6	0	0.00%
WUERZBURG MEDDAC	243	11	4.53%
REYNOLDS ACH-FT. SILL	1497	120	8.02%
R W BLISS AHC-FT. HUACHUCA	323	26	8.05%
IRELAND ACH-FT. KNOX	942	77	8.17%
MONCRIEF ACH-FT. JACKSON	1022	107	10.47%
KENNER AHC-FT. LEE	242	31	12.81%
LANDSTUHL REGIONAL MEDCEN	814	115	14.13%
HEIDELBERG MEDDAC	788	113	14.34%
PATTERSON AHC-FT. MONMOUTH	1254	183	14.59%
MARTIN ACH-FT. BENNING	2305	347	15.05%
DEWITT ACH-FT. BELVOIR	10496	1975	18.82%
121ST GEN HOSP-SEOUL	26	5	19.23%
BROOKE AMC-FT. SAM HOUSTON	5599	1117	19.95%
BASSETT ACH-FT. WAINWRIGHT	375	76	20.27%
TRIPLER AMC-FT SHAFTER	2818	634	22.50%
DARNALL AMC-FT. HOOD	964	229	23.76%
MCDONALD AHC-FT. EUSTIS	905	222	24.53%
MUNSON AHC-FT. LEAVENWORTH	4	1	25.00%
WOMACK AMC-FT. BRAGG	4659	1232	26.44%
WINN ACH-FT. STEWART	1196	317	26.51%
BLANCHFIELD ACH-FT. CAMPBELL	770	208	27.01%
BAYNE-JONES ACH-FT. POLK	587	164	27.94%
KIMBROUGH AMB CAR CEN-FT MEADE	2306	646	28.01%
MADIGAN AMC-FT. LEWIS	8413	2414	28.69%
KELLER ACH-WEST POINT	762	219	28.74%
BG CRAWFORD SAMS AHC-CAMP ZAMA	51	15	29.41%
WILLIAM BEAUMONT AMC-FT. BLISS	1220	359	29.43%
GUTHRIE AHC-FT. DRUM	151	47	31.13%
EVANS ACH-FT. CARSON	2522	795	31.52%
WALTER REED AMC-WASHINGTON DC	4979	1630	32.74%
EISENHOWER AMC-FT. GORDON	4849	1655	34.13%
LYSTER AHC-FT. RUCKER	161	58	36.02%
FOX AHC-REDSTONE ARSENAL	89	34	38.20%
L. WOOD ACH-FT. LEONARD WOOD	520	314	60.38%
Grand Total	63865	15496	